



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 19, 2023  
Sonia McKeown  
JARC  
Suite 100  
6735 Telegraph Rd  
Bloomfield Hills, MI 48301

RE: License #: AS630012339  
**Medow**  
**25020 Roycourt**  
**Huntington Woods, MI 48070**

Dear Ms. McKeown:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Sheena Worthy".

Sheena Worthy, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd, Suite 9-100  
Detroit, MI 48202

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

**License#:** AS630012339

**Licensee Name:** JARC

**Licensee Address:** Suite 100  
6735 Telegraph Rd  
Bloomfield Hills, MI 48301

**Licensee Telephone #:** (248) 403-6013

**Licensee/Licensee Designee:** Sonia McKeown

**Administrator:** Sonia McKeown

**Name of Facility:** Medow

**Facility Address:** 25020 Roycourt  
Huntington Woods, MI 48070

**Facility Telephone #:** (248) 547-6029

**Original Issuance Date:** 06/01/1982

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/18/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 2

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
It was not meal time during the onsite.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.  
N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
SI CAP Approved 04/09/19; 314, 312(4)( c), 312(4)(d), 312(2)
- LSR CAP Approved 07/06/21; 301(6), 301(4), 310(3), 315(8), 315(11), 203(1),  
205(5), 318(5), 803(6) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 400.14205**            **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(2) A licensee shall have, on file with the department, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.**

The licensee designee, Sonia McKeown did not complete a physical for 2021.

**R 400.14301**            **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

Resident B's physical was completed late as she was admitted on 05/27/21 however; his physical was completed on 12/06/21.

**R 400.14301**            **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the**

resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

**REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 07/06/21**

Resident B was admitted on 05/27/21 but, her assessment plan was not completed until 06/28/21.

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(7) A department resident care agreement form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department. A resident shall be provided the care and services as stated in the written resident care agreement.

Resident B's 2021 resident care agreement was not completed on the required BCAL form.

**R 400.14312      Resident medications.**

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

Resident A Milk of Magnesia expired on 04/13/23 and was not properly disposed of. Resident B's Acetamin and Clemastine expired on 03/20/23 and was not properly disposed of.

**R 400.14315      Handling of resident funds and valuables.**

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident A funds part II did not document the monthly transactions for September 2022 through March 2023. The licensee designee, Sonia McKeown did not sign for the monthly transactions. The required BCAL funds part II form is not being used.

**R 400.14315 Handling of resident funds and valuables.**

(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.

Resident A had an amount of \$230.70 in the home for personal use which is above the limit.

**R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

**REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 07/06/21**

The fire drills completed in 2022 did not indicate whether or not the fire drills were completed in the am or pm. During the third quarter in 2021, there was a fire drill that did not indicate whether or not the drill was completed in the am or pm.

**R 400.14407 Bathrooms.**

(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

The half bathroom door does not have non-locking against egress hardware.

**R 330.1803 Facility environment; fire safety**

(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.

The fire drills completed in 2022 did not indicate whether or not the fire drills were completed in the am or pm. During the third quarter in 2021, there was a fire drill that did not indicate whether or not the drill was completed in the am or pm.

A corrective action plan was requested and approved on 07/18/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### **IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.



07/19/23  
Date

Licensing Consultant